CITY OF BELOIT APPLICATION FOR EMPLOYMENT AN EQUAL OPPORTUNITY EMPLOYER



RETURN COMPLETED APPLICATIONS TO:

Personnel Division City of Beloit 100 State Street Beloit, WI 53511 Phone (608) 364-6610 FAX (608) 364-6756 TDD (608) 365-3323

Instructions:

- 1. Complete application in ink or use a typewriter.
- 2. Answer all questions.
- 3. Date and sign this application on last page.
- 4. Applications will be kept in an active file for six months.
- 5. Incomplete applications MAY NOT BE CONSIDERED.

If you are a qualified applicant with a disability and require an accommodation during any phase of the application process, please notify Personnel at least 48 hours in advance so that we may review and consider the request.

The City of Beloit is an Equal Opportunity Employer and fully subscribes to the principles of Fair Employment Practices. It is the policy of the City to provide employment, compensation and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, sexual orientation, age, sex, veteran status or disability, or any other basis prohibited by Federal or State law. As an Equal Opportunity Employer, the City intends to comply fully with all Federal and State laws and the information requested on this application will not be used for any purpose prohibited by law.

POSITION APPLYING FOR:	DATE:			
NAME:	SOCIAL SECURITY N	UMBER:		
ADDRESS: (Street)	(Apt. #) HOME PHONE:			
(City) (State)	(Zip) WORK/HOME PHON	NE:		
Do you currently possess a valid Driver's License?	Yes No ARE YOU INTEREST	TED IN:		
License #: State:	Full time			
Do you currently possess a valid Commercial Driver's Lie (CDL) YES NO	Part time Either			
Are you legally eligible for employment in the United States? YES NO	List any other names by which you have been official records.	known on		
List any relatives working for us:	May we contact your present employer regarding your qualifications?			
Have you worked for us before? ☐ Yes ☐ No	If yes, when?			
Department				
Supervisor				

CONVICTION RECORD

Have you ever been convicted of a crime? Yes No Include all felonies and misdemeanors. Exclude minor traffic offenses and convictions prior to your 18 th birthday. Conviction is not an automatic bar to employment. Each case is considered on its individual circumstances. I understand that a subsequent discovery by the City of false information may be considered grounds for termination.								
Date	Location	C	harge		Court		Disposition of C	ase
Dutt	Location		nui ge		Court		Disposition of C	use
	ED	UCATIO	N & TRAINING	G				
Did you graduate from					a high school			
□ Yes	□ No		eq	-	valency or G.E.D. test		lest?	
					Yes		No	
Name and City of high	school:							
			D	ate	test was pa	assed: M	onth Year	
Training beyond high	gh school (college or uni					r training	you have received).
Name and Landin			earned or comp	lete		N/I-1	E: -1.1 C C4 1/	
			ntes Attended (o/Yr) To(Mo/Y	Zr)	Credits Earned	•	Fields of Study/ and Dates	
		T T OIII(1VI	10(11) 10(110/1	11)	Earned	Degree	and Dates	
Employment Record								
From (month & year)	Title of PRESENT/M	OST REC	ENT position.					
			F 2244241.					
To (month & year)	Address:							
(please check one) Full time	Name and title of supervisor:							
Part time	Phone Number							
Temporary	I HORE INURIOGI							
			PRIMARY D	UTI	ES:			
Highest Salary Earned:	Reason for leaving or							
Ф	considering change:							
\$								

Employment Record (continued) From (month & year) Job title or occupation: To (month & year) Address: (please check one) Name and title of supervisor: Full time ____ Part time ____ Phone Number Temporary ____ **PRIMARY DUTIES:** Highest Salary Earned: Reason for leaving or considering change: From (month & year) Job title or occupation: To (month & year) Address: (please check one) Name and title of supervisor: Full time ____ Part time ____ Phone Number Temporary ____ PRIMARY DUTIES: Highest Salary Earned: Reason for leaving or considering change: From (month & year) Job title or occupation: To (month & year) Address: (please check one) Name and title of supervisor: Full time ____ Part time ____ Phone Number Temporary ____ **PRIMARY DUTIES:** Highest Salary Earned: Reason for leaving or considering change: \$

REFERENCES

Examples include additional supervisors not listed previously or volunteer coordinators/lead workers knowledgeable of your work performance. Do not include individuals listed under employment record. Do not include personal friends or relatives.

Reference name and address
Relationship to reference
Reference's Phone Number
Reference name and address
Relationship to reference
Reference's Phone Number
Use this space for any additional information or comments regarding your qualifications for employment such as professional activities or affiliations:
Please Read Carefully
Applicant's Certification and Agreement
I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application or given to the employer through the application process may be considered sufficient cause for dismissal. I am aware that a thorough investigation of my entire background is to be conducted. I hereby authorize and request the release of any and all information concerning me (including a transcript of any academic record) to the City of Beloit or its agent upon presentation of this or copy hereof. I understand that the background check might be done either before or after an employment decision is reached and in fact could conceivably be done on multiple occasions during employment.
Some positions require a physical examination following an offer of employment. A record of the examination is placed in a separate, confidential medical file. I authorize any medical provider to supply this information to the City of Beloit.
In addition, I authorize all employers and other parties, whether named in my application or not, to provide information relative to my employment as requested by the City of Beloit.
I hereby release from liability and hold harmless the City of Beloit and all persons and corporations supplying this information to the City of Beloit and/or its agents. A photocopy of this authorization is as effective as the original.
Signature of Applicant: Date:

Thank you for completing this application form and for your interest in employment with us. We would like to assure you that your opportunity for employment with the City of Beloit will be based on your merit and on no other consideration.

CITY OF BELOIT

Personnel Department Supplementary Application Information (Optional)

The following information will be used for research and reporting purposes for the City of Beloit. We ask that you carefully complete the following information. This form is not a part of your application.

	Р	LEASE PRINT OR TYPE	Ē		Date				
1.	Name _.	(Last)	(F:4)	(Middle)	_ Birthdate				
2.	Social	Security Number				Sex	M	F	
	 Job(s) applied for								
Н	How did you learn of this opening:								
Ci	ty of Be	loit Website	Beloit Daily News	Shopp	er	C	Chronicle		
Ja	inesville	Gazette	Trade Publication	WI Job	Net	V	Valk-In	_	
R	ockford	Register Star	Madison Times	Referra	al	C	Other		
		E	THE CITY OF E						